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FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24117 — STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 727-7

1. PLACE OF DEATH a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Burge Hospital — Length of stay in 1b: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Walnut Grove 039 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): RR 2 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Alma Middle: Edith Last: Atchley

4. DATE OF DEATH: July 18-1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: April 22-1893
9. AGE (In years last birthday): 64

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Dadeville, Mo. West of
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Lincoln Smith
13b. MOTHER'S MAIDEN NAME: Lottie Glenn
14. NAME OF HUSBAND OR WIFE: William A. Atchley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 486-30-4121
17. INFORMANT / Address: William A Atchley - RR 2 Walnut Grove Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Melanoma (Meta Glands)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Primary Growth
DUE TO (c): Left Shoulder

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

190X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 2, to July 18 1957 and last saw her alive on July 18 1957
Death occurred at July 18 1:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W A Delzell M.D.
22b. ADDRESS: Springfield Mo.
22c. DATE SIGNED: 7-22-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 20-1957
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
23d. LOCATION (City, town, or county) (State): Willard - Missouri

24. FUNERAL DIRECTOR / ADDRESS: Brim - Daniel - Walnut Grove Mo.
25. DATE REC'D BY LOCAL REG.: 7-23-57
26. REGISTRAR'S SIGNATURE: Edith Wellingman

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4702

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.